

Submit this Application (with Attachments) and 11 copies (without attachments) to:
Louisville Metro Office of Policy and Strategic Planning
Louisville Metro Hall Annex
517 Court Place, 6th Floor Annex, Suite 605
Louisville, Kentucky 40202

| HUMAN SERVICES EXTERNAL AGENCY FUND GRANT APPLICATION FORM | | |
|---|--|----------|
| APPLICANT INFORMATION | | |
| Legal Name of Applicant Organization: | | |
| Name of Legal Signatory: | Title: | |
| Name of Application Contact Person: | Title: | |
| Application Contact Person Phone: | Email: | |
| Name of Program Contact Person: | Title: | |
| Program Contact Person Phone: | Email: | |
| MAIN OFFICE | | |
| Mailing Address: | Zip: | |
| Phone: | Fax: | Website: |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE PROVIDED | | |
| Program Facility Location(s): | | |
| Council District(s): | Zip Code(s): | |
| Neighborhood(s): | Neighborhood Place Site(s): | |
| Community School site(s): | | |
| FINANCIAL INFORMATION | | |
| Total EAF Request: \$ | | |
| Louisville Metro Revenue Commission Account Number: | | |
| Please attach a copy of the Articles of Incorporation to this application. | | |
| Please attach the following: <input type="checkbox"/> IRS 501(c)(3) Determination Letter <input type="checkbox"/> List of Board of Directors <input type="checkbox"/> Agency Budget <input type="checkbox"/> Staff Structure <input type="checkbox"/> Copy of applicant's financial statement (if annual gross receipts are less than \$25,000) | | |
| Fiscal Year Start Date: | Applicant's Total Budget for the Current Fiscal Year: \$ | |
| For the current fiscal year, list Funds received from Louisville Metro Government, <u>including funds received from any department or Metro Council Appropriation (Neighborhood Development Funds)</u> | | |
| Source: | Amount: \$ | |
| Source: | Amount: \$ | |
| Does the applicant have a certified audit performed each year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| SIGNATURES | | |
| I certify under the penalty of law that the information in this application (including, without limitation, the "Certifications and Assurances" is accurate to the best of my knowledge. I am aware that my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am authorized to sign this application for the applying organization. | | |
| Signature of Legal Signatory: | Date: | |
| FOR OFFICE USE ONLY Date Received _____ Mailed-In <input type="checkbox"/> Dropped-Off <input type="checkbox"/> Initials ____ | | |

DEADLINE: MARCH 23, 2006

HUMAN SERVICES EXTERNAL AGENCY FUND GRANT APPLICATION FORM

INSTRUCTIONS FOR PROGRAM NARRATIVE

The Program Narrative consists of the following six sections. Respond to the sections in the order they appear. **Number each and retype the section headings appearing in bold type.** In the event that a section does not pertain to your program, type the number and section heading anyway and put “Not Applicable” in the space where a response should appear. Responses in this section should be typed (on one side only) on 8.5” x 11”, white paper, single spaced, with one-inch margins and no less than number 12 font, and double spaced between paragraphs. Including the Sample Logic Model (located on page 49), the Program Narrative should be no more than five pages.

1. **Summary of the Program.** Briefly (in 300 words or less) provide a summary of the program that includes a description of the specific client population that will be served by the program.
2. **Capacity of the applicant and relevant organizational experience (15 points)** List and describe the backgrounds, roles and responsibilities of key management and program staff.
3. **Extent of the problem and its relevancy to the Mayor’s Strategic Plan (15 points)**
 - Describe how this program promotes at least one of the Mayor’s Strategic Goals (provided on page 1 of this Handbook) and list any other goals and objectives of your program.
4. **Soundness of approach (50 points)**
 - Briefly describe what resources (inputs) will be committed to achieve the program’s stated goals and what services or activities (outputs) will be provided to the program’s targeted client population.
 - Describe the program’s targeted benefits (measurable outcomes).
 - Describe the program’s process for collecting data and the indicators that will be tracked to measure the success of your program.
 - If the program was a 2005/2006 External Agency Fund Grantee:
 - Provide specific examples of the manner in which the services provided benefited the targeted client population;
 - Discuss any significant changes that will be made in the program;
 - Attach a Logic Model that indicates the inputs, activities, outputs and measurable outcomes (see Sample Logic Model on page 49)
 - Describe the program’s process for collecting data and the indicators that will be tracked to measure the success of your program.

HUMAN SERVICES EXTERNAL AGENCY FUND GRANT APPLICATION FORM

INSTRUCTIONS FOR PROGRAM NARRATIVE (CONTINUED)

5. Leveraging and collaboration of community resources (10 points)

- Briefly describe any existing collaborative relationships your organization has with other community organizations. Attach letters of partnership (no letters of recommendation).
- Describe how you will collaborate with other community organizations.
- Briefly describe the program's utilization of volunteers or in-kind contributions.

6. Sustainability (10 points) Describe any efforts to increase and/or diversify program resources and any strategies for capacity building.

HUMAN SERVICES EXTERNAL AGENCY FUND GRANT APPLICATION FORM

PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate how much money is needed from Metro Government. This application should be for funds which are absolutely essential for the program. The Program Budget will be reviewed for cost effectiveness and for the direct relationship between planned expenditures and planned program activities.

Please remember that EAF grants are awarded competitively, and as competition for limited funds increases, applications that are over-budgeted are less likely to receive support.

For each line item, enter whole-dollar amounts. Round off any cents to the nearest whole dollar.

| Line Item | Column 1 | Column 2 | Column 3 |
|---|----------------------|-----------------|--------------------|
| | Proposed Metro Funds | Non-Metro Funds | Total Program Cost |
| A. Operating Expenses: | | | |
| Paid Personnel – Additional Info Requested Section H. (Include benefits/FICA, Workman’s Comp, etc.) | \$0.00 | \$0.00 | \$0.00 |
| Travel (Local only) | \$0.00 | \$0.00 | \$0.00 |
| Rent *Attach copy of lease if Louisville Metro funds are requested to pay rent/occupancy costs. | \$0.00 | \$0.00 | \$0.00 |
| Utilities | \$0.00 | \$0.00 | \$0.00 |
| Phone | \$0.00 | \$0.00 | \$0.00 |
| Copier Rental/ Printing & Copying | \$0.00 | \$0.00 | \$0.00 |
| Office Supplies | \$0.00 | \$0.00 | \$0.00 |
| Postage | \$0.00 | \$0.00 | \$0.00 |
| Audit | \$0.00 | \$0.00 | \$0.00 |
| Communications & Marketing | \$0.00 | \$0.00 | \$0.00 |
| Educational Materials | \$0.00 | \$0.00 | \$0.00 |
| Software | \$0.00 | \$0.00 | \$0.00 |

PROGRAM BUDGET SUMMARY (CONTINUED)

- 8.** Proposed Louisville Metro Government Funds Requested (Total Column 1) \$_____
- 9.** Number of Proposals Submitted for 06/07 Fiscal Year _____
- 10.** Total Louisville Metro Government Funds Requested in all submitted proposals _____
- 11.** Applicant Organization's Current Fiscal Year Budget Total \$_____
- 12.** Percentage of **All Requested EAF Funds** to Applicant Organization's Current FY Budget
(Cannot exceed 33% of Applicant Organization's Current FY Budget) _____
- 13.** What percent of the Applicant Organization's Annual budget is in-kind donation? _____%
- 14.** What percent of the Applicant Organization's Annual Budget is projected income? _____%

**HUMAN SERVICES
EXTERNAL AGENCY FUND GRANT APPLICATION FORM
PROGRAM BUDGET SUMMARY (CONTINUED)**

F. Detail of In-Kind Contributions: Includes Volunteers, Space, Utilities etc. (anything not bought with cash revenues of the agency). For this PROGRAM only.

| Donor*/Type of Contribution | Value of Contribution | Method of Valuation |
|--|-----------------------|---------------------|
| | \$0.00 | |
| | \$0.00 | |
| | \$0.00 | |
| | \$0.00 | |
| | \$0.00 | |
| Total Value of In-Kind (to match Program Budget Line Item E In Kind Contribution) | \$0.00 | |

* Donor information refers to who made the contribution. Volunteers need not be listed individually, but grouped together on one line as a total.

G. RESOURCE/REVENUE INFORMATION – Provide information on all sources of funding associated with THIS PROGRAM'S BUDGET.

| Resource/Revenue* | Dollars/Value Received | % Of Program Budget |
|--|------------------------|---------------------|
| 1.Human Services/External Agency Fund Request | \$0.00 | 0% |
| 2.Total Value of In-Kind (Section E and Section F) | \$0.00 | 0% |
| 3. | \$0.00 | 0% |
| 4. | \$0.00 | 0% |
| 5. | \$0.00 | 0% |
| 6. | \$0.00 | 0% |
| Total | \$0.00 | 100% |

*Examples include, but are not limited to: Metro United Way; Louisville Metro Council; Donations; Other Grants

**HUMAN SERVICES
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PROGRAM BUDGET SUMMARY (CONTINUED)**

H. PAID PERSONNEL DETAIL – If Louisville Metro Funds are indicated for personnel expenses, provide the indicated information. **Hourly and Salaried Position rates to include taxes and benefits.** (Calculate salaried rates on a 40-hour workweek*)

| Position Title (Attach additional sheet if necessary) | Hourly Rate \$/Hr* | % of hourly rate for Taxes and Benefits | Avg Hrs/Wk and Number of Wks Funded Attributed to Program | | Estimated # Clients Served** | Total Louisville Metro Funds to be used for this position |
|--|-----------------------|---|---|-------------------|------------------------------|---|
| | | | Avg Hrs Wkly | Approx Number Wks | | |
| 1. | \$0.00 | 0% | | | | \$0.00 |
| 2. | \$0.00 | 0% | | | | \$0.00 |
| 3. | \$0.00 | 0% | | | | \$0.00 |
| 4. | \$0.00 | 0% | | | | \$0.00 |
| 5. | \$0.00 | 0% | | | | \$0.00 |
| 6. | \$0.00 | 0% | | | | \$0.00 |
| 7. | \$0.00 | 0% | | | | \$0.00 |
| 8. | \$0.00 | 0% | | | | \$0.00 |
| 9. | \$0.00 | 0% | | | | \$0.00 |
| 10. | \$0.00 | 0% | | | | \$0.00 |
| Total Louisville Metro Funds Used (Must match Proposal Budget Paid Personnel Line Item.). | | | | | | \$0.00 |

** If Applicable, this may be interpreted as client volume if only seeing clients once for a screening or total caseload if providing case management.

HUMAN SERVICES EXTERNAL AGENCY FUND GRANT APPLICATION FORM

CERTIFICATIONS AND ASSURANCES

By signing the first page of the EAF Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application

Standard Assurances

1. Funds will be used for a non-construction program.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant.
4. Applicant will not lobby Louisville Metro Council members and staff by oral or written communications as specified in the External Agency Fund Lobbying Policy written in the External Agency Technical Assistance Handbook.
5. The Agency is in good standing with Louisville Metro Government

Standard Certifications

6. The Agency has a written Affirmation Action/Equal Employment Opportunity Policy.
7. The Agency does not discriminate in employment or in provision of any service/program/activity/event (Activity) based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
8. The Agency certifies that it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like Activities in order to receive services/benefits provided with Louisville Metro Government funds.
9. The Agency certifies that it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
10. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.
11. The Agency certifies that it provides a drug-free workplace, has established a Drug Free awareness program, has informed employees about the dangers of drug abuse in the workplace and disciplinary and/or legal action for any and/or all offenses.

Relationship disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee. In addition, list below any relationship any member of your Board of Directors has with any employee within your Agency being considered for or receiving funding.
